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Bib Data Sheet

CONFIRMATION NO. 9789

SERIAL NUMBER 10/760,332	FILING DATE 01/20/2004 RULE	CLASS 166	GROUP ART UNIT 3672	ATTORNEY DOCKET NO. 68.0363					
APPLICANTS Peter A. Goode, London, UNITED KINGDOM; Claude J. Vercaemer, Paris, FRANCE;									
** CONTINUING DATA <i>None</i> *****									
** FOREIGN APPLICATIONS <i>None</i> *****									
IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** 04/27/2004									
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 45%; vertical-align: top;"> Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div style="border-top: 1px solid black; width: 40%;">Examiner's Signature</div> <div style="border-top: 1px solid black; width: 40%;">Initials</div> </div> </td> <td style="width: 15%; text-align: center; vertical-align: top;"> STATE OR COUNTRY UNITED KINGDOM </td> <td style="width: 10%; text-align: center; vertical-align: top;"> SHEETS DRAWING 4 </td> <td style="width: 10%; text-align: center; vertical-align: top;"> TOTAL CLAIMS 26 </td> <td style="width: 20%; text-align: center; vertical-align: top;"> INDEPENDENT CLAIMS 4 </td> </tr> </table>					Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div style="border-top: 1px solid black; width: 40%;">Examiner's Signature</div> <div style="border-top: 1px solid black; width: 40%;">Initials</div> </div>	STATE OR COUNTRY UNITED KINGDOM	SHEETS DRAWING 4	TOTAL CLAIMS 26	INDEPENDENT CLAIMS 4
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ADDRESS Schlumberger Technology Corporation, Schlumberger Reservoir Completions 14910 Airline Road P.O. Box 1590 Rosharon, TX 77583-1590									
TITLE System and method for treating wells									
FILING FEE RECEIVED	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td><input type="checkbox"/> All Fees</td> </tr> <tr> <td><input type="checkbox"/> 1.16 Fees (Filing)</td> </tr> <tr> <td><input type="checkbox"/> 1.17 Fees (Processing Ext. of time)</td> </tr> </table>		<input type="checkbox"/> All Fees	<input type="checkbox"/> 1.16 Fees (Filing)	<input type="checkbox"/> 1.17 Fees (Processing Ext. of time)		
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964		<input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit _____
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